

**STATEMENT OF DEBORAH SCHRAG, MD, MPH,
ON BEHALF OF
THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY**

**House Energy & Commerce Committee
Subcommittee on Health
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Good morning, I am Deborah Schrag, a medical oncologist and health services researcher at Memorial Sloan-Kettering Cancer Center. Cancer researchers have made enormous strides in discovering the basic biological mechanisms that cause cancer. While treatments are still far from perfect, they are becoming ever more effective. As a health services researcher, my research focuses on evaluating how we perform at actually delivering those treatments to the people who need them. Do we deliver care that improves patient outcomes? Do we do it in a timely and efficient manner? The goal of my research is to define and measure the quality of cancer care in the real world in order to develop strategies for improving health outcomes. I am here today representing the American Society of Clinical Oncology, or ASCO, which is the leading medical professional society for physicians involved in cancer treatment and research.

Quality cancer care is central to ASCO's mission, and ASCO has a multi-faceted approach to improving the quality of cancer care. Oncologists are devoted to achieving the best results for our patients, who depend so much on our judgment and expertise. For this reason, the 1999 Institute of Medicine (IOM) report, "Ensuring Quality Cancer Care," raised concern with ASCO members and leaders. The report concluded that some cancer patients receive less than



optimal care, but noted the lack of data available to truly appreciate the extent of the problem. The IOM report called for research to better assess quality of cancer care in the United States.

In response, ASCO undertook a multi-year, multi-million dollar study, the National Initiative on Cancer Care Quality (NICCQ), to quantify the degree to which the actual practice of cancer care matched the evidence-based guidelines for care. With generous support from the Susan G. Komen Breast Cancer Foundation, and research expertise from the Harvard School of Public Health and the Rand Corporation, the NICCQ study evaluated the quality of care received by breast and colorectal cancer patients in five metropolitan areas across the U.S.—Atlanta, Cleveland, Houston, Kansas City and Los Angeles.

In the NICCQ study, professional abstracters received patients' permission and conducted in-depth reviews of every medical record for nearly 1,800 patients with breast and colorectal cancer. Each patient was also surveyed about his or her cancer care experience. The good news from this study was that adherence to evidence-based medicine was higher than previously reported. Eighty-six percent of breast cancer and 78% of colon cancer patients received care that adhered to practice guidelines. The study identified some specific areas where the quality of care could be strengthened, including better documentation of care and optimizing chemotherapy dosing. In response, ASCO has developed a variety of office practice tools and systems to help its members address these issues.

Although the overall NICCQ results were reassuring, the study highlighted just how complex cancer care delivery is and the wide variation in the extent of documentation,



particularly for chemotherapy treatment. For instance, we were surprised at the difficulty the researchers had in locating patient records because of the number of cancer specialists seen by each patient. In addition, it was challenging to accurately determine from the multiple records the treatments patients had received. The patients' health information was rarely available in electronic form.

Without clear documentation, NICCQ demonstrated that it was difficult to assess whether patients received appropriate chemotherapy. Further, in this highly mobile society, it is critical for cancer patients, and all their providers, to understand the plan for treatment and the patient's experience in carrying out that plan. The NICCQ study and other quality of care research highlights the value of the chemotherapy "treatment summary" as an effective quality improvement tool. ASCO has played a leadership role by developing such a treatment summary template for use by treating physicians, patients and their families, and as part of an oncology-specific electronic health record. The treatment summary will provide a brief synopsis of a patient's chemotherapy treatment history and the plan for follow-up care. The treatment summary is intended to improve communication of crucial treatment information between oncologists and their patients and between oncologists and other physicians. As witnessed in the aftermath of hurricane Katrina, when medical records were destroyed or unavailable, it is important for cancer patients to know and understand their care plans. We are partnering with patient advocacy groups and the IOM to ensure this initiative is widely useful. Also, a clear and widely adopted treatment summary and care plan would improve documentation so that the information needed to assess the quality of care is more readily accessible. The additional burden of treatment summary documentation on busy cancer physicians should be appropriately recognized.



The NICCQ measures themselves represent an important and ongoing contribution to improving the quality of care provided to cancer patients. Developing and validating quality measures is challenging and resource-intensive work. As part of the NICCQ study, 61 cancer quality measures were created, specified and validated. To build upon and update this work, ASCO and the National Comprehensive Cancer Network (NCCN) launched a collaboration early this year to select a subset of NICCQ measures that are key indicators of oncology treatment and are directly supported by NCCN guideline recommendations. Content and methodology experts were charged with producing several breast cancer and colorectal cancer quality measures that are appropriate for diverse uses – including accountability for the quality of care. The ASCO/NCCN Quality Measures will be published on both organizations’ web sites later this summer.

It is imperative that quality measures undergo the thorough and careful review exemplified by the ASCO-NCCN process before they are used to judge performance. It is also important to note that rapidly evolving cancer treatment standards require quality measures to be updated and monitored for ongoing relevance. ASCO has committed the resources necessary to update and review its quality measures on an ongoing basis.

ASCO has also launched a number of quality-related projects with the common goal of improving patient care. The Quality Oncology Practice Initiative, or “QOPI,” was devised by Dr. Joseph Simone and a pilot group of ASCO members practicing in the community. Their vision was of an oncologist-developed and –led quality-improvement initiative offering tools and



resources for self-assessment, peer comparison and improvement. QOPI was launched as a pilot in 2002 and has now enrolled almost 150 practices across the country, representing more than 1000 oncologists.

The QOPI quality measures are developed and updated by practicing oncologists and measurement experts. Practices participating in QOPI abstract their medical records twice a year and enter deidentified data for each QOPI measure. Each practice receives reports that enable them to compare their performance with that of their peers. This process of self-scrutiny and evaluation enables participating practices to learn from one another and to identify strengths and weaknesses in their care delivery.

In the first round of QOPI data collection for 2006, more than 9,000 charts were submitted for analysis. As QOPI participation grows so does ASCO's database, making the program increasingly valuable for comparison and benchmarking. We are delighted with the interest and especially the commitment of our members who are voluntarily joining this initiative because they find it valuable and because of their commitment to delivering quality care. We are also proud that the American Board of Internal Medicine has recognized QOPI as the only oncology-specific measurement program approved for use in meeting its new practice performance requirements for maintaining Board certification.

All of ASCO's quality initiatives to improve cancer care promote the practice of evidence-based medicine. For the past 10 year, ASCO's Health Services Committee has made a crucial contribution with the development of the Society's evidence-based guidelines, which are



regarded as the most rigorous in oncology. Oncology is a field of medicine in which the pace of discovery is fast and the complexity of treatment great. Practice guidelines are essential to distilling the vast quantity of clinical data published regarding the care of cancer patients.

ASCO's guidelines focus on treatments or procedures that have an important impact on patient outcomes, represent areas of clinical uncertainty or controversy, or are used inconsistently in practice. They are developed and updated by panels of ASCO member volunteer with content and methodological expertise in disease-specific areas, and patient representatives. ASCO develops office practice tools that make the results of these guidelines relevant for day-to day practice and facilitate adherence the guideline recommendations. ASCO also creates patient guides for each guideline, translating science and recommendations into lay language so that patients can be empowered partners in medical decision making. After completing a multi-layered review process, these evidence-based guidelines, the office practice tools and the patient guides are made freely available on the Society's website.

Beyond these research and practice initiatives, ASCO is pursuing a quality-oriented agenda in the public policy arena by communicating regularly with key stakeholders. One forum for policy development on quality issues is the Cancer Quality Alliance, jointly created by ASCO and one of its patient advocate partners, the National Coalition for Cancer Survivorship, or NCCS. This alliance is the first specialty-specific effort of its kind. It has broad public- and private-sector membership across the cancer community, including CMS officials and representatives of private payers, both of whom have an obvious interest in a robust program of quality cancer care. Other participants include oncology nurses, accrediting bodies, patient



advocacy and medical professional organizations, cancer centers, community practices, the IOM, the National Quality Forum and the NCCN. The Cancer Quality Alliance provides a forum for the various stakeholders in cancer care quality to discuss joint initiatives and develop coordinated strategies.

CMS has also taken an important step towards monitoring quality of care delivered to its beneficiaries in its 2006 oncology demonstration project. This demonstration offers a promising foundation for future pay-for-performance programs in Medicare. The 2006 demonstration is structured to determine whether and how oncology providers follow well-established evidence-based guidelines developed by ASCO and NCCN. ASCO has worked with CMS and provided expertise to CMS on an ongoing basis.

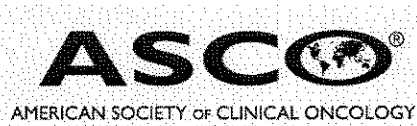
While the demonstration project provides a good basis for moving toward pay-for-performance, experts agree that the most useful information will be obtained only by accumulating data over multiple years. The demonstration project provides CMS with a mechanism for collecting clinical data through the claims system – clinical data that are absolutely critical to oncologists in making treatment decisions for cancer patients, and to anyone interested in assessing the appropriateness of cancer care. For the first time CMS has captured the basic information on cancer stage and other disease characteristics that provide both important new insight on patterns of care and a foundation for recognition of quality. As third-party payers and other Alliance members have noted in our Cancer Quality Alliance deliberations, however, such assessment requires multi-year longitudinal data if it is to be a useful guide to future performance measurements. We urge this Committee's support for



extension of the current demonstration project for a sufficient period of time to enable meaningful analysis as policy moves toward a pay-for-performance model.

As interest in using quality measures for accountability purposes grows, it becomes more important to ensure these measures are clearly specified and well validated. Failing to do so may lead to adverse consequences. For example, numerous clinical trials demonstrate that patients with colon cancer that has spread to regional lymph nodes (stage III disease) benefit from a course of chemotherapy after surgery. The clinical trials that form the evidence base for this treatment, however, have included very few patients over the age of 80. While this treatment may be beneficial for all stage III colon cancer patients, the evidence for patients over 80 is not robust and there is great variability of the health status in this group. Implementing a quality measure stating that all patients with stage III colon cancer should receive a course of chemotherapy might encourage over treatment of older patients. Because careful specification is needed to avoid undesirable consequences, ASCO has focused extensively on developing the precise definition of the measures used in our quality initiatives. Additionally, it is imperative to avoid creating systems that make it less desirable to care for especially complex patients with multiple problems for whom adherence to guidelines may be more challenging.

ASCO has the expertise in and a demonstrated commitment to developing and promoting quality measures. We will continue to engage in a variety of activities to define, measure, monitor and improve the quality of cancer care. ASCO is well positioned to provide the expertise, tools, measures and other resources necessary to implement a thoughtful pay-for-performance programs that focus not just on efficiency and cost savings but even more



importantly on quality care. We look forward to collaborating with Congress as these initiatives are considered.